

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only* if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST ³					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Friends of Bill Goldsworthy</i>										
STREET ADDRESS <i>21 Montgomery Ave</i>										
CITY <i>West Pittston</i>		STATE <i>PA</i>	ZIP CODE <i>18643 - 2809</i>							
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION						
				MO.	DAY	YEAR				
6TH TUESDAY PRE-PRIMARY ¹				<i>5</i>	<i>15</i>	<i>07</i>				
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> ²				FOR OFFICE USE ONLY						
30 DAY POST-PRIMARY ³				RECEIVED 2007 MAY -4 AM 9:08 BOARD OF ELECTIONS LUZERNE COUNTY, PA.						
6TH TUESDAY PRE-ELECTION ⁴										
2ND FRIDAY PRE-ELECTION ⁵										
30 DAY POST-ELECTION ⁶										
ANNUAL REPORT ⁷										
DATES OF REPORTING PERIOD		MO.	DAY			YEAR	TO	MO.	DAY	YEAR
		<i>12</i>	<i>31</i>			<i>06</i>		<i>5</i>	<i>1</i>	<i>07</i>
CASH BALANCE AT END OF REPORTING PERIOD:				\$	<i>2425.28</i>					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$	<i>—</i>					
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>					
TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>					

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS	<i>Michelle M. Witkowski</i>
<i>3RD</i> DAY OF <i>May</i> 20 <i>07</i>	SIGNATURE OF PERSON SUBMITTING REPORT
<i>Ellen A. Ridde</i>	<i>Michelle Witkowski</i>
ELLEN A. RIDDE, CLERK OF COMMONWEALTH OF PENNSYLVANIA	PRINTED NAME
MY COMMISSION EXPIRES SEP 22, 2009	<i>570</i> <i>388-6646</i>
	AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS	<i>William Goldsworthy</i>
<i>3RD</i> DAY OF <i>May</i> 20 <i>07</i>	SIGNATURE OF CANDIDATE
<i>Ellen A. Ridde</i>	<i>William Goldsworthy</i>
ELLEN A. RIDDE, CLERK OF COMMONWEALTH OF PENNSYLVANIA	PRINTED NAME
MY COMMISSION EXPIRES SEP 22, 2009	<i>570</i> <i>237 1810</i>
	AREA CODE DAYTIME TELEPHONE NUMBER